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GP 26/11/02
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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)
CUSTOMER NUMBER
27832

Application Number

10/006,874

Filing Date

14 NOVEMBER 2001

First Named Inventor

PLOTNICK

Group Art Unit

2611

Examiner Name

FAILE, A.

Total Number of Pages in This Submission

221

Attorney Docket Number

T738-10

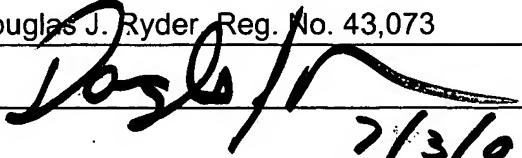
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ENCLOSURES (check all that apply)

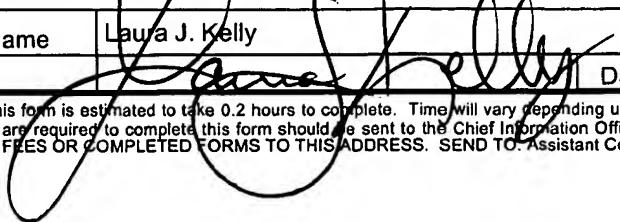
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input checked="" type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		
Cited References. Return receipt postcard.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Expanse Networks, Inc. Douglas J. Ryder, Reg. No. 43,073
Signature	
Date	7/3/02

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

Typed or printed name	Laura J. Kelly
Signature	
Date	13 July 2002

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PTO/SB/17 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 130.00)

Complete if Known

Application Number	10/006,874
Filing Date	14 NOVEMBER 2001
First Named Inventor	PLOTNICK
Examiner Name	FAILE, A.
Group Art Unit	2611
Attorney Docket No.	T738-10

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METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	501535
Deposit Account Name	Expanse Networks, Inc.

 Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

 Applicant claims small entity status. See 37 CFR 1.27
2. Payment Enclosed:
 Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101	710	201 355 Utility filing fee	0.00
106	320	206 160 Design filing fee	
107	490	207 245 Plant filing fee	
108	710	208 355 Reissue filing fee	
114	150	214 75 Provisional filing fee	

SUBTOTAL (1) (\$ 0.00)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
109	-109** = 89	x 0	= 0.00
Independent Claims	4	- 4** = 4	x 0 = 0.00
Multiple Dependent			(140.00) = (0.00)

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103	18	203 9 Claims in excess of 20
102	80	202 40 Independent claims in excess of 3
104	270	204 135 Multiple dependent claim, if not paid
109	80	209 40 ** Reissue independent claims over original patent
110	18	210 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0.00)

*or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205 65 Surcharge - late filing fee or oath	0.00
127	50	227 25 Surcharge - late provisional filing fee or cover sheet	0.00
139	130	139 130 Non-English specification	0.00
147	2,520	147 2,520 For filing a request for ex parte reexamination	0.00
112	920*	112 920* Requesting publication of SIR prior to Examiner action	0.00
113	1,840*	113 1,840* Requesting publication of SIR after Examiner action	0.00
115	110	215 55 Extension for reply within first month	0.00
116	390	216 195 Extension for reply within second month	0.00
117	890	217 445 Extension for reply within third month	0.00
118	1,390	218 695 Extension for reply within fourth month	0.00
128	1,890	228 945 Extension for reply within fifth month	0.00
119	310	219 155 Notice of Appeal	0.00
120	310	220 155 Filing a brief in support of an appeal	0.00
121	270	221 135 Request for oral hearing	0.00
138	1,510	138 1,510 Petition to institute a public use proceeding	0.00
140	110	240 55 Petition to revive - unavoidable	0.00
141	1,240	241 620 Petition to revive - unintentional	0.00
142	1,240	242 620 Utility issue fee (or reissue)	0.00
143	440	243 220 Design issue fee	0.00
144	600	244 300 Plant issue fee	0.00
122	130	122 130 Petitions to the Commissioner	130.00
123	50	123 50 Processing fee under 37 CFR 1.17(q)	0.00
126	180	126 180 Submission of Information Disclosure Stmt	0.00
581	40	581 40 Recording each patent assignment per property (times number of properties)	0.00
146	710	246 355 Filing a submission after final rejection (37 CFR § 1.129(a))	0.00
149	710	249 355 For each additional invention to be examined (37 CFR § 1.129(b))	0.00
179	710	279 355 Request for Continued Examination (RCE)	0.00
169	900	169 900 Request for expedited examination of a design application	0.00

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 130.00)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Douglas J. Rymer	Registration No. (Attorney/Agent)	43,073	Telephone	(215) 348-0265
Signature	<i>Douglas J. Rymer</i>			Date	7/3/02

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